



CITY OF LONGMONT Flood Recovery Home Repair Program Application

The City of Longmont Flood Recovery Home Repair Program assists eligible households whose primary residence was damaged by the September 2013 flood. This Program can assist City of Longmont homeowners in completing the necessary work to make their primary residence safe and habitable. Please review and complete this application. General Instructions are listed on page 2 and a list of Required Documentation is on page 13.

This Home Repair Program is intended to supplement other funds homeowners have received to repair or reconstruct their home. Loans and grants are available up to \$100,000. The total amount of funding available for individual households may be no more than 50% of the pre-flood county appraised value of the home, including all funding received up to \$100,000. The Program may also reimburse qualified households for eligible work they completed and paid for with their own or other borrowed funds (e.g., savings, credit cards, home equity line of credit, and withdrawals from retirement accounts).

For any questions or to submit a completed application, please contact

Molly McElroy
Housing and Community Investment Specialist
350 Kimbark St.
Longmont, CO 80501
Tel: 303-774-4648
email: molly.mcelroy@ci.longmont.co.us

Additional Community Resources

Boulder County Housing and Community Education Program

A free service offering financial counseling, including pre-purchase, credit, budget, mortgage default and reverse mortgage. Classes, workshops, and one-on-one counseling are available.

Tel: 720-564-2279
Email: www.bouldercountyhc.org

Boulder County Long-Term Flood Recovery Group

An organization that works with residents affected by the flood. The LTFRG offers case management to find solutions and resources for flood survivors. For more information and to complete an intake form, please contact the LTFRG.

Tel: 303-442-217
Email: floodrecovery@unitedwayfoothills.org
Web address: www.bocofloodrecovery.org

**Traducción al español está disponible a solicitud/
Spanish translation is available upon request.**

Instructions for Application

General Instructions

- Read the instructions for this application.
- Please type or use Blue or Black ink. Do not use pencil. All blanks must be completed or have N/A written in.
- Please fill out this entire application. Submit copies of required documents for all household members. **Do not send originals as they cannot be returned.** Incomplete applications and those missing documentation will not be fully processed until all required paperwork has been submitted. Please refer to the Required Document Checklist on page 13 for a list of all required paperwork.
- The Applicant (Head of Household) and if applicable, Co-Applicant must sign and date this application. Submit by mail or hand delivery the application with copies of all required documents for all household members to the address below

Molly McElroy
City of Longmont
Housing and Community Investment Specialist
350 Kimbark St.
Longmont, CO 80501

Processing Your Application:

The application review process may take at least two weeks from the time your completed application has been submitted. ***Completing this application does not guarantee that you will be eligible for or will receive funding from the Flood Recovery Rehabilitation Program.*** All applicants will be notified in writing of their eligibility.

Income and Asset Calculation

Federal regulations (24 CFR Part 5) require a “snapshot” of your gross income (net income if you are self-employed) and project it forward 12 months. Federal regulations also require that income from a household’s assets are calculated and added to the household’s income. Your income as determined by the City of Longmont may be different than what you might think of as your income. Please contact the City of Longmont if you have question on how your income was calculated.

****Please note****

- ❖ ***Priority for assistance*** will be given to households who are/were living in mobile/manufactured housing, elderly, and/or disabled.
- ❖ The Flood Recovery Rehabilitation Program is for ***owner-occupied homes at the time of the September 2013 flood.*** All people listed on the title to the home must have been living in the home and be considered part of the household. Exceptions apply for permanently absent household members.

City of Longmont

Housing Home Repair Program

Applicant Information

Instructions: Please complete this entire application and submit with copies of required documents (a list of required documents begin on page 11).

Section A - Complete the following section for all household members age 18 or older who occupy the property. For household members 17 years old and younger, complete the information requested in Section B, on the next page. Make copies, if necessary, for any additional household members.

Primary Applicant – Name: _____

Current Mailing Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Birthdate _____ Gender _____ Number of people living in your household _____

Are you disabled? ☐ Y ☐ N (*Disability will be documented by the receipt of Social Security Disability Income or a City form completed by a licensed medical professional*)

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

Alternate Contacts Information: this information is being collected to assist us in locating you in the event that you move or are living temporarily in another location. You may also list a contact who is helping you through this process.

1. Contact Name: _____

Phone: _____

Address: _____

2. Contact Name: _____

Phone: _____ email: _____

Address: _____

OPTIONAL Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one):

☐ Hispanic or Latino OR ☐ Not Hispanic or Latino

Race (please check *one or more* of the following):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ Other Multi-Racial

Adult Household Member #2 – Name: _____

Current Address and Phone (if different from above): _____

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

Ethnicity _____ Race _____ (See text box under Primary Applicant section for ethnicity/race options)

Are you disabled? ☐ Y ☐ N *(Disability will be documented by the receipt of Social Security Disability Income or a City form completed by a licensed medical professional)*

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

Adult Household Member #3 – Name: _____

Current Address and Phone (if different from above): _____

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

Ethnicity _____ Race _____ (See text box under Primary Applicant section for ethnicity/race options)

Are you disabled? ☐ Y ☐ N *(Disability will be documented by the receipt of Social Security Disability Income or a City form completed by a licensed medical professional)*

Are you a full-time student? ☐ Y ☐ N

Are you currently employed? ☐ Y ☐ N

Do you receive any other income? ☐ Y ☐ N

Section B - Complete the following section for all household members **17 years and younger**. Use a separate sheet if necessary

Name	Relationship to primary applicant	Birthdate	Gender	Race	Ethnicity	Number of months during the year the child lives with you?	Disabled?
				See page 3 for race/ethnicity options			

Section C - Complete the following information for all household residents 18 years and older.

Use a separate sheet if necessary. Failure to report household income is considered fraud and can have serious consequences.

Employment Information for Primary Applicant:

Household member's Name: _____

Employer's Name: _____

Address: _____

Occupation: _____ Monthly Salary: _____

Employment Information for Adult Household Member #2

Household member's Name: _____

Employer's Name: _____

Address: _____

Occupation: _____ Monthly Salary: _____

Employment Information for Adult Household Member #3

Household member's Name: _____

Employer's Name: _____

Address: _____

Occupation: _____ Monthly Salary: _____

Other Income Information for all household members (including those under 18):

Social Security, Welfare, Retirement, Veteran, Rental Property, Child Support, or other Income:

Household member name: _____ Source: _____ Monthly amount: _____

Household member name: _____ Source: _____ Monthly amount: _____

Household member name: _____ Source: _____ Monthly amount: _____

Asset Information for all household members (including those under 18)

Savings Bonds and Other Securities: _____ Monthly amount: _____

Name of Bank: _____ Name of Account Holder: _____

Savings Account: Yes () No () Account balance: _____

Checking Account: Yes () No () Account balance: _____

Name of Bank: _____ Name of Account Holder: _____

Savings Account: Yes () No () Account balance: _____

Checking Account: Yes () No () Account balance: _____

Other Assets (retirement accounts, stocks, bonds, checking and savings accounts not listed above, etc.)

Account name: _____ Account balance: _____

Account name: _____ Account balance: _____

Account name: _____ Account balance: _____

Other Real Estate Owned: _____ Value: _____

Address

Property Data Information

Damaged property address:	Tax Assessor ID#:	Approximate Year Home was built:	
Name(s) on Title of Home:			
Lien Data Information	Lien 1	Lien 2	Lien 3
Name of Lender/Lien holder			
Approximate lien amount			
Interest Rate			
Are you current on your payments?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Type of mortgage (check all that apply)	Fixed-rate mortgage <input type="checkbox"/> Adjustable-rate mortgage <input type="checkbox"/> Interest-only mortgage <input type="checkbox"/> 30-year mortgage <input type="checkbox"/> 40-year mortgage <input type="checkbox"/> Other <input type="checkbox"/> _____	Fixed-rate mortgage <input type="checkbox"/> Adjustable-rate mortgage <input type="checkbox"/> Interest-only mortgage <input type="checkbox"/> 30-year mortgage <input type="checkbox"/> 40-year mortgage <input type="checkbox"/> Other <input type="checkbox"/> _____	Fixed-rate mortgage <input type="checkbox"/> Adjustable-rate mortgage <input type="checkbox"/> Interest-only mortgage <input type="checkbox"/> 30-year mortgage <input type="checkbox"/> 40-year mortgage <input type="checkbox"/> Other <input type="checkbox"/> _____

Please describe any specific issues with the ownership of the property that you are aware of and believe may be important for the Program to know: _____

Were you renting any portion of your home to another person at the time of the flood? ☐ Yes ☐ No

Did you register with FEMA after the flood? ☐ Yes ☐ No

Did you register with the Small Business Administration after the flood? ☐ Yes ☐ No

Did you register with the Boulder County Long-Term Flood Recovery Group? ☐ Yes ☐ No

- If yes, who is your case manager? _____

If you have not registered with a flood-assistance organization, the City may determine if your property was located in flood affected areas and whether the proposed repairs are as a result of the flood.

Financial Assistance Received in Response to the Flood

Source	Received funding		Amount received and/or approved	Reason for payment (e.g., rental assistance, repairs, personal property).
	YES	NO		
FEMA	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SBA (Small Business Administration)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Homeowner Insurance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Boulder County Long-Term Flood Recovery Group	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Non-Profit organizations (e.g., churches, OUR Center)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL OF ALL FINANCIAL ASSISTANCE \$ _____				

Type of repair work needed - Check the following to show the repair work needed on your home. Please provide any relevant information for the repairs.

Roof ☐ Yes ☐ No (explain): _____

Electric ☐ Yes ☐ No (explain): _____

Plumbing ☐ Yes ☐ No (explain): _____

Heating ☐ Yes ☐ No (explain): _____

Flooring ☐ Yes ☐ No (explain): _____

Structural ☐ Yes ☐ No (explain): _____

Bathroom ☐ Yes ☐ No (explain): _____

Septic system ☐ Yes ☐ No (explain): _____

Walls/Drywall ☐ Yes ☐ No (explain): _____

Foundation ☐ Yes ☐ No (explain): _____

Drainage ☐ Yes ☐ No (explain): _____

Deck/fencing ☐ Yes ☐ No (explain): _____

Basement ☐ Yes ☐ No (explain): _____

Other (explain): _____

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For Homeowners Requesting Reimbursement for Home Repairs Already Completed

If your home was damaged by the flood and you paid for the repairs with your own funds (e.g., savings, credit cards, home equity line of credit, withdrawals from retirement accounts) please complete the following information.

Please describe the repair work that was done and provide the cost for each repair.

Who completed the repairs?

How were the costs for the repairs covered? (e.g., credit card or loan from retirement account)

**Please provide copies of receipts showing the cost of each repair
and that the work has been paid in full**

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CERTIFICATION OF APPLICANT(S)

It is the City of Longmont's policy to verify all information contained in this application. Please read the following carefully and in acknowledgement of this policy, please sign your name(s) and date where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the City of Longmont Flood Recovery Home Repair Program and may result in legal action against me/us.
- I/We understand that completion of this application does not guarantee that my/our eligibility for the City of Longmont Flood Recovery Home Repair Program.
- I/We certify that the property damaged by the September 2013 flood and for which I/we am/are applying for repair assistance, is my/our primary residence. If the property is presently uninhabitable, I/we certify that I/we will occupy the home as my/our primary residence once repair work has been completed and/or replacement housing has been provided.
- I/We will accept the contractor(s) that submit the lowest qualified responsive bid for the work to be performed on my property or the contractor(s) assigned by the City of Longmont to perform the work.
- I/We accept the services of the City of Longmont and authorize the City of Longmont to act as a technical assistant and advisor in connection with repair, remodeling, or rehabilitation services on my/our property. I/We further agree to hold harmless the employees, members and officers of the City of Longmont in connection with acts performed by them which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection, and other related activities.
- I/We authorize the staff of the City of Longmont to obtain specific reports, such as personal income reports, property title and tax searches, inspection reports, repair specifications, cost estimates, contractor bids, and such other reports which said staff deems necessary to perform its functions. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
- My/Our signature below indicates that I/we have read, understood, and agree to all statements on this application. I/We agree to allow the City of Longmont Flood Recovery Home Repair Program and its subcontractors to enter my/our home as needed to perform rehabilitation inspections and work at mutually agreeable times. I/We also agree, on behalf of all who stand in my/our stead that the City of Longmont will not held liable for any injury or expense incurred by me/us while participating in this Program. Upon completion of the work, I/we will permit the City of Longmont and its subcontractors to inspect said work at mutually agreed times.

Applicant Signature

Date



Co-Applicant Signature

Date

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the City of Longmont Program policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The City of Longmont Home Repair Program is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact the City of Longmont Home Repair Program at 303-774-4648. Spanish translation is available. TDD service for those individuals with hearing and speech disabilities is available through Colorado Relay Service at 1-800-659-3656.

Confidentiality: In order to process an application, the City of Longmont Home Repair Program may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

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Required Document Checklist for Flood Recovery Rehabilitation Program

Copies of the following documentation must be turned in for all household members with the completed application.

- ☐ Completed application, signed and dated.
- ☐ Verification of ownership (copy of recorded deed of trust) of damaged property.
- ☐ Recent mortgage statement for all deeds on the property showing current principal loan balance and that homeowner is current on loan payments.
- ☐ Verification that property taxes are current and up-to-date.
- ☐ Homeowner insurance approval or denial letter for repairs due to the flood.
- ☐ Copy of current Homeowner's Insurance policy. If you do not currently have a policy, complete the Affidavit of No Insurance (page 25). This affidavit is required to be notarized by a public notary. You may schedule a time with the City to have this affidavit notarized.
- ☐ A completed Declaration of Section 214 Status (p.15), a photocopy of an approved form of identification, and a picture ID. Please make a copy of the form for each household member. Acceptable documentation includes, but is not limited to, the following:
 - US Birth Certificate, US Passport, or US Citizen Identification Card (I-197)
 - Certificate of Naturalization (N-550 or N-570) or Certificate of Citizenship (N-560 or N-561)
- ☐ Social Security cards for all household members.
- ☐ A completed Employer Verification form (p. 17) OR a letter from your employer, on letterhead, indicating your annual gross wage, start of employment, pay schedule, expected wage increases, overtime, bonuses, tips, or commissions.
- ☐ Two months' worth of most recent pay stubs.
- ☐ Verification of all other sources of income (child support, Social Security, Social Security Disability, pension, etc.).
- ☐ *If a household resident is self-employed* (full or part-time), submit a year-to-date profit/loss statement AND three years of federal income tax returns. Also submit an estimate of the income to be received for the next 12 months and an explanation of how that income was determined.
- ☐ Most recent six months of checking account(s) statement(s).
- ☐ Most recent savings account(s) statement, including the interest rate.
- ☐ Most recent statement from all other assets (IRA, 401K, cash value of life insurance policy, etc.)
- ☐ Complete copies of two years of most recent Federal tax returns, all corresponding W2's and attached schedules.
- ☐ Complete the Confirmation (page 19) of receipt of "Protect Your Family from Lead in Your Home" pamphlet.
- ☐ Signed and completed Duplication of Benefits form (page 21).
- ☐ Signed and completed Consent to Release Information (page 23).
- ☐ Signed and completed Reimbursement Guidance form (page 25).
- ☐ A printout of your FEMA Account. Instructions for creating your online account are included with this application (page 29).
- ☐ Documentation showing any repair work completed and paid for with FEMA, SBA, homeowner insurance, or other financial assistance received.
- ☐ If requesting reimbursement for repairs paid for by your funds, provide documentation of the cost of the repairs and that the work has been paid in-full.

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DECLARATION OF RESIDENCY

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance must be lawfully within the United States. Please read this Declaration carefully. Please feel free to consult with an immigration lawyer or other expert of your choosing.

I, _____, swear or affirm under penalty of perjury that (check one):

☐ I am a United States citizen, or

☐ I am a non-citizen national of the United States, or

☐ I have an immigration status that makes me a "qualified alien"

I hereby agree to provide any documentation which may be required pursuant to Federal law, Interim Guidelines published by the United States Department of Justice (62 FR 61344) or, if applicable, Colorado laws and regulations, if the Colorado laws are not inconsistent with Federal law.

I acknowledge that making a false, fictitious, or fraudulent statement or representation in this Declaration is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Name (please print)

REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT - Please fill out Section A then give this form to your employer to complete Sections B and C.

Applicant's Name:	Employer's Name:	
Address: _____	Address: _____	
City, State, Zip Code	City, State, Zip Code	
Phone:	Phone:	Fax:

Employer - please fax this completed form to:

	City of Longmont Housing Rehabilitation Programs Attn: Tracy DeFrancesco	Phone 303.774.4445	Fax 303/ 651-8590

I authorize you to release my employment information to the program checked above.

Employee's Signature: _____ Date: _____

SECTION B: EMPLOYER - Please provide the following information for the above listed employee, then fax the completed form to the program indicated in Section A. Please call the same program with any questions that you may have.

Present Position:	Dates of employment:
Probability of Continued Employment:	
Current Gross Pay (Enter amount per Pay Period): \$	
Please circle frequency: hourly weekly 2x/month (24x/yr) bi-weekly (26/yr) monthly Other: _____	
Average regular hours worked per week:	
Overtime rate per hour: \$	Average number of overtime hours per week:
Commissions earned per week: \$	
Tips earned per week: \$	Annual Bonuses: \$
Date and amount of applicant's last pay increase:	Date Amount
Date and projected amount of applicant's next pay increase:	Date Amount
Additional information (please explain seasonal work cycles and other pertinent information):	
Employee's Total Gross Annual Income: \$	

SECTION C: EMPLOYER - Authorized Signature

Signature	Title	Date
Printed Name	Phone	Email

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CONFIRMATION OF RECEIPT OF LEAD PAMPHLET

I/we have received a copy of the pamphlet, **Protect Your Family From Lead in Your Home**, informing me/us of the potential risk of the lead hazard exposure from renovation activity to be performed in my/our dwelling unit if built prior to 1978. I/we received this pamphlet before the work began

Printed name of recipient

Date

Signature of recipient

Printed name of recipient

Date

Signature of recipient

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DUPLICATION OF BENEFITS CERTIFICATION

The undersigned, on behalf of and as a duly authorized agent and representative of _____
(Applicant), certifies and represents that all information contained in and enclosed with the **City of Longmont Flood Recovery Rehabilitation Program** application is true to the best of his or her knowledge and acknowledges that the City of Longmont Housing and Community Investment Division has relied on such information to award flood recovery funds.

The Applicant also certifies that s/he has disclosed to City of Longmont, in the application process, all FEMA, SBA, insurance proceeds, and other funds received, or to be received, from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance may be provided by the City of Longmont.

The Applicant certifies that s/he will disclose to the City of Longmont all future FEMA, SBA, insurance proceeds or other funds received from governmental and/or non-profit agencies as compensation for damages resulting from the declared disaster for which assistance has been provided for three years from the date that assistance is awarded by the City of Longmont.

The Applicant acknowledges that s/he may be prosecuted by Federal, State, or local authorities and/or that repayment of all disaster recovery funds may be required in the event that the Applicant makes or files false, misleading, or incomplete statements and/or documents. The Applicant also agrees to repay any assistance later received for the same purpose as the City of Longmont flood recovery funds received for three years after the receipt of the City Flood Recovery assistance funds.

Signature

Date

Printed Name

Signature

Date

Printed Name

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CDBG-DR Flood Recovery Consent to Release Information

I/we, _____ and _____, born on _____,
Applicant Client Full Name *Co-Applicant Client Full Name*
_____, currently residing at _____,
Applicant Date of Birth *Co-Applicant Date of Birth*

_____, hereby consent to the disclosure of information collected
Current address

by FEMA, SBA (Small Business Administration) Program, property insurance companies, Boulder County Long-Term Flood Recovery Group, OUR Center, and/or other organizations listed below to the City of Longmont Housing and Community Investment Division.

The purpose of this disclosure is to assist with the determination of my/our eligibility for the CDBG-DR Flood Recovery Programs administered by the City of Longmont based on my/our residency at _____ at the time of the September 2013 flood.

Property damaged by the September 2013 flood.

I/we consent to the following information being disclosed to the City of Longmont Housing and Community Investment Division:

- My/our entire case file including inspection report; amount of assistance received; status of application for assistance programs, including appeals process, final outcome, etc.
- Documentation of the amount paid to me/us or on my/our behalf by my/our insurance company for homeowner or renter insurance in response to the September 2013 flood. This includes documentation of the full amount I/we have received from insurance for all purposes related to the flood and documentation for any denials under my/our policy for the above damaged property.
- Documentation of all financial assistance provided to me/us, received by me/us, or made available to me/us for flood assistance and the purpose of that assistance (e.g., rental assistance, food and gas, home repairs).
- My/our current contact information
- Other entities as identified by the City of Longmont.

In order to provide goods and services including case management, the coordination of recovery efforts among agencies and non-profits, and the prevention of duplication of services, I/we consent that the above information may be disclosed to the following organizations by the City of Longmont Housing and Community Investment Division:

- Boulder County Long-Term Recovery Group
- Boulder County Housing and Human Services Department
- OUR Center
- Other entities as identified by the City of Longmont.

All the information contained in this Consent to Release Information is true and complete to the best of my/our knowledge and belief.

Client Signature

Date

Client Signature

Date

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CITY OF LONGMONT
CDBG-DR REIMBURSEMENT
GUIDANCE TO PROPERTY OWNERS

Under the Community Development Block Grant Disaster Relief (CDBG-DR) funds, homeowners are allowed to be reimbursed for costs they have already undertaken to rebuild, repair, and/or mitigate their homes due to flood damage receive in the September 2013 flood in Longmont.

GUIDANCE

- The City is restricted by the federal government regarding its reimbursement to homeowners of costs that have been incurred by the homeowner *after* the Time of Application (the date on which they submitted their application to the City of Longmont). Therefore, any work continued or completed by the homeowner after an application has been submitted to the City for the Home Repair Program will likely make that work ineligible for the reimbursement funds.
- Homeowners are advised that it is their choice to continue home repair work after they have submitted their Home Repair application; however, it is in their best interest to stop ongoing construction and repairs in order to maximize the costs that CAN be covered by the reimbursement funds.
- It is the homeowner's decision to continue with repair or work or to stop any work after they have submitted an application to the City. This guidance is only to alert them of the risks associated with a decision to continue work.
- Homeowners that have completed or started any flood related repair work are advised to keep all receipts of money spent to date on activities related to the rebuild, repair and mitigation of their property for possible reimbursement.

Applicant

Date

Co-Applicant

Date

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AFFIDAVIT OF NO INSURANCE

I/we, _____, being duly sworn, deposes and says:

1. I/we owned or rented at the time of the September 2013 flood the property located at:

Property Address

City, State, Zip

2. On September 11, 2013, the property described above was not insured under any insurance policy and I/we am/are not entitled and have not received any payments under any such insurance policy for losses related to the property described above.

Applicant Signature

Date

Co-Applicant Signature

Date

State of _____)
_____) ss:
County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____
_____, 2015 by _____.
(Name of person acknowledged, i.e. signing agreement)

Witness my hand and official Seal.

My Commission expires _____.

Notary Public

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How do I create an account to access my FEMA registration online?

For applicants applying to the City of Longmont Flood Recovery Housing Assistance Programs

To create an online account:

1. Visit www.DisasterAssistance.gov
2. On the left side of the Home page, you will see an area that says **Check Your Status**
 - Click the button at the bottom of the page that says **Create account**
 1. A form will appear to confirm your identity before allowing you to access your FEMA information online.
 1. You will need to provide your birthday and social security number. You do not need to provide your FEMA account number
3. You will then take a short security quiz with 4 questions. This ensures your personal information is secure. Click **Submit** when completed.
4. After completing the security quiz, you will be asked to create a User ID and Password and provide a valid email address.
 - You will be emailed a temporary PIN number to the e-mail address provided at the time of the request. You should receive your temporary PIN within 24 hours of the request for a PIN.
5. It may take up to 24 hours after receiving your temporary PIN via e-mail before you are allowed to access your personal account. When you first login using your temporary PIN, you will be asked to change the temporary PIN to one of your choosing.
 - It is required you have your User ID, Password and PIN to access your application. Once you login with your temporary PIN, you will be prompted to change this PIN. Type these exactly as shown as they are case sensitive.
 - Please keep your new PIN safe.
 - When you login with your new PIN, the system will access your registration.
 1. Print out the page that says **Your Application Status**, which will list the assistance requested, the assistance type, the status and the amount of assistance.
 1. Please ensure that the date the page was printed is listed on the bottom right-hand corner of the page.

For questions, please contact:

Molly McElroy

Housing and Community Investment Specialist

City of Longmont

Tel: 303-774-4648

Email: molly.mcelroy@ci.longmont.co.us